

SHARE EXPANSION PROGRAM

CERTIFICATION OF TENANT ELIGIBILITY

<b>PART A: RESIDENT AND DEVELOPMENT IDENTIFICATION</b>									
DEVELOPMENT AND PROJECT SPONSOR NAME						GRANT NUMBER			
NAME OF RESIDENT (HEAD OF HOUSEHOLD)						SOCIAL SECURITY NUMBER			
ADDRESS OF TRANSITIONAL HOUSING UNIT				NUMBER OF BEDROOMS			MONTHLY RENT		
LEASE TERM _____ TO _____									
<b>PART B: HOUSEHOLD COMPOSITION AND ANNUAL INCOME</b>									
NAME	AGE	SEX	RELATIONSHIP	ANNUAL INCOME					
				WAGES/ SALARY	SOCIAL SECURITY	AFDC	SSI	OTHER	GROSS ANNUAL INCOME
TOTAL HOUSEHOLD GROSS ANNUAL INCOME: \$									
PART C: TYPE OF CERTIFICATION/RECERTIFICATION (Check one)    MOVE-IN CERTIFICATION _____ RECERTIFICATION _____									
<b>PART D: APPLICABLE ADMISSION/RECERTIFICATION INCOME LIMIT</b>									
TENANTS ADMITTED FOR OCCUPANCY IN ANY OF THE TRANSITIONAL HOUSING UNITS ARE SUBJECT TO THE FOLLOWING INCOME LIMIT WHICH IS <u>EIGHTY PERCENT</u> (80%) OF THE MEDIAN INCOME FOR THE AREA:       \$									
<b>PART E: CERTIFICATION</b>									
I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I DO NOT TRUTHFULLY AND CORRECTLY COMPLETE THIS AND ANY FUTURE CERTIFICATION, THEN I WILL BE IN VIOLATION OF MY LEASE.									

OWNER/AGENT \_\_\_\_\_

DATE

PPPLICANT/RESIDENT \_\_\_\_\_

DATE